

ASSEMBLY BILL

No. 51

Introduced by Assembly Member Dymally

December 4, 2006

An act to amend Section 1368.02 of the Health and Safety Code, relating to health care service plans.

LEGISLATIVE COUNSEL'S DIGEST

AB 51, as introduced, Dymally. Gallegos-Rosenthal Patient Advocate Program.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. The Gallegos-Rosenthal Patient Advocate Program within the department represents the interests of enrollees of health care service plans, and one of its functions is to create a quality of care report card on health care service plans.

This bill would require the program to include information in the report card on the quality of care and access provided by health care service plans under Medicare Part D, the federal program for prescription drug reimbursement coverage.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1368.02 of the Health and Safety Code
2 is amended to read:

1 1368.02. (a) The director shall establish and maintain a
2 toll-free telephone number for the purpose of receiving complaints
3 regarding health care service plans regulated by the director.

4 (b) Every health care service plan shall publish the department's
5 toll-free telephone number, the department's TDD line for the
6 hearing and speech impaired, the plan's telephone number, and
7 the department's Internet address, on every plan contract, on every
8 evidence of coverage, on copies of plan grievance procedures, on
9 plan complaint forms, and on all written notices to enrollees
10 required under the grievance process of the plan, including any
11 written communications to an enrollee that offer the enrollee the
12 opportunity to participate in the grievance process of the plan and
13 on all written responses to grievances. The department's telephone
14 number, the department's TDD line, the plan's telephone number,
15 and the department's Internet address shall be displayed by the
16 plan in each of these documents in 12-point boldface type in the
17 following regular type statement:

18 "The California Department of Managed Health Care is
19 responsible for regulating health care service plans. If you have a
20 grievance against your health plan, you should first telephone your
21 health plan at (insert health plan's telephone number) and use your
22 health plan's grievance process before contacting the department.
23 Utilizing this grievance procedure does not prohibit any potential
24 legal rights or remedies that may be available to you. If you need
25 help with a grievance involving an emergency, a grievance that
26 has not been satisfactorily resolved by your health plan, or a
27 grievance that has remained unresolved for more than 30 days,
28 you may call the department for assistance. You may also be
29 eligible for an Independent Medical Review (IMR). If you are
30 eligible for IMR, the IMR process will provide an impartial review
31 of medical decisions made by a health plan related to the medical
32 necessity of a proposed service or treatment, coverage decisions
33 for treatments that are experimental or investigational in nature
34 and payment disputes for emergency or urgent medical services.
35 The department also has a toll-free telephone number
36 (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the
37 hearing and speech impaired. The department's Internet Web site
38 <http://www.hmohelp.ca.gov> has complaint forms, IMR application
39 forms and instructions online."

(c) (1) There is within the department an Office of Patient Advocate, which shall be known and may be cited as the Gallegos-Rosenthal Patient Advocate Program, to represent the interests of enrollees served by health care service plans regulated by the department. The goal of the office shall be to help enrollees secure health care services to which they are entitled under the laws administered by the department.

(2) The office shall be headed by a patient advocate recommended to the Governor by the Secretary of the Business, Transportation and Housing Agency. The patient advocate shall be appointed by and serve at the pleasure of the Governor.

(3) The duties of the office shall be determined by the secretary, in consultation with the director, and shall include, but not be limited to:

(A) Developing educational and informational guides for consumers describing enrollee rights and responsibilities, and informing enrollees on effective ways to exercise their rights to secure health care services. The guides shall be easy to read and understand, available in English and other languages, and shall be made available to the public by the department, including access on the department's Internet Web site and through public outreach and educational programs.

(B) Compiling an annual publication, to be made available on the department's Internet Web site, of a quality of care report card, including, but not limited to, health care service plans. *The report card shall include information on quality of care and access provided by plans under Medicare Part D (Pub. L. No. 108-173).*

(C) Rendering advice and assistance to enrollees regarding procedures, rights, and responsibilities related to the use of health care service plan grievance systems, the department's system for reviewing unresolved grievances, and the independent review process.

(D) Making referrals within the department regarding studies, investigations, audits, or enforcement that may be appropriate to protect the interests of enrollees.

(E) Coordinating and working with other government and nongovernment patient assistance programs and health care ombudsperson programs.

(4) The director, in consultation with the patient advocate, shall provide for the assignment of personnel to the office. The

1 department may employ or contract with experts when necessary
2 to carry out functions of the office. The annual budget for the office
3 shall be separately identified in the annual budget request of the
4 department.

5 (5) The office shall have access to department records including,
6 but not limited to, information related to health care service plan
7 audits, surveys, and enrollee grievances. The department shall
8 assist the office in compelling the production and disclosure of
9 any information the office deems necessary to perform its duties,
10 from entities regulated by the department, if the information is
11 determined by the department's legal counsel to be subject, under
12 existing law, to production or disclosure to the department.

13 (6) The patient advocate shall annually issue a public report on
14 the activities of the office, and shall appear before the appropriate
15 policy and fiscal committees of the Senate and Assembly, if
16 requested, to report and make recommendations on the activities
17 of the office.